

CONSENT TO USE SUBMITTED VIDEO

I, _____, am submitting voluntarily my video to the Department of Health (DOH), as an entry in the "Healthcare Video Contest" sponsored by the SD Departments of Labor (DOL), Education (DOE), and Health. I understand that I am required to obtain prior written permission from the artist for use of any copyrighted material used in my video, such as music, photos, or other media, and am attaching those written permissions, as applicable, to this Consent form. DOH may use my video, or any portion thereof, for use in DOH promotional or educational materials, in print materials and/or on the DOH website, regardless of whether my video is one of the contest winners.

I understand DOH will provide me a copy of any portion of my video selected for use in DOH promotional or educational materials, as well as a copy of any DOH promotional or educational materials using my submitted video. I also understand that my video, or any portion of my video, will be used exclusively for DOL, DOE, or DOH promotional or educational materials and will not be used for any other purpose without my prior written consent. I also understand there is no guarantee that DOL, DOE, or DOH will use my submitted video, or any portion thereof, for DOH promotional or educational materials.

I understand cash prizes are to be awarded to the top six place contest winners in the following two categories, "Healthcare Workforce Shortage in South Dakota" and "Promoting Healthcare Careers." If your video is selected as one of the top place finishers, you will be required to supply your social security number in order to be issued a check for your prize money. Although cash prizes are to be awarded for the contest, I understand that no money payment or any other type of compensation will be provided for allowing DOL, DOE, or DOH to use by submitted video, or any portion thereof, for use in DOH promotional or educational materials.

Based upon the above considerations, I hereby consent to the Departments of Labor, Education, and Health using my submitted video, or any portion thereof, as described above.

Submitter's Signature

Date

Print Submitter's name, **home** address, and telephone number (above)

If Submitter is a minor, Submitter's parent or guardian signature

Date

Print Parent or Guardian Name: _____

Indicate below the category for which video is being submitted:

_____ Healthcare Workforce Shortage in South Dakota

_____ Promotion of Healthcare Careers